

CFC Campaign No. 0003

ATTENTION PAYROLL OFFICES:
Only use this number to identify the local campaign.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL ORGANIZATION	UNIT/DIVISION AND PAYROLL OFFICE (optional)
WORK ADDRESS & ZIP CODE				WORK PHONE	SOCIAL SECURITY NUMBER

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution.
Write in the total of your annual contribution in the space provided.

ALLOTMENT SOURCE	AMOUNT	INTERVAL	TOTAL GIFT	FOUR DIGIT CHARITY CODE	ANNUAL AMOUNT
MILITARY PAYROLL		X 12 months	\$		
CIVILIAN PAYROLL		X 26 pay periods	\$		
Other \$ _____ (cash/check payable to CFC)					

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

DESIGNATED GIFTS: To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation code(s) and dollar amounts above.

RECOGNITION OPTIONS

Check ONE Box: If both boxes are checked, no information will be released.

- ☐ DO NOT release any information to charities.
- ☐ Release my name and the (optional) home address and / or home e-mail contact information I provide below to all the charities I designated. If I do not provide home contact information, only my name will be released.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE _____ DATE _____

☐ **VOLUNTEER:** I would like to be a workplace CFC volunteer next year. Please contact me for more information at: _____

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Privacy Act Notice

Executive Order No. 12353 authorizes the U.S. Office of Personnel Management to conduct fund raising activities and to establish procedures for collecting information related to such activities.

Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number (SSN). This collected information will be disclosed to organizations maintaining the accounting of contributions and to your payroll office.

Additional disclosure may be made to the Department of Treasury to make proper financial adjustments to a court or another agency when the government is party to a suit; and to the Internal Revenue Service and state and local taxing authorities regarding income tax returns.

The furnishing of the SSN, along with other data requested, is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance with your request for a payroll deduction by your agency.

If you are making a one-time, lump-sum gift and, therefore, not using the payroll deduction method of payment, you are not required to furnish your SSN.

HOW TO COMPLETE YOUR PLEDGE CARD:

A CFC pledge card identifies the contributor, amount of pledge, and designations. A pledge card provides for a contribution by payroll deduction, cash or check. As appropriate select the military or civilian category. No credit cards!

Complete your pledge card as follows:

- PRINT complete name
- Social Security Number, if by payroll deduction
- Identify unit, department or agency
- Select appropriate column for deduction: civilian or military
- Check appropriate method of payment: (Payroll Deduction \$1 per pay period minimum) or direct contribution (cash or check)
- Input annual total corresponding to method of payment
- Indicate 4 digit agency code numbers from brochure and annual dollar amount you wish to designate
- Sign the date to authorize payroll deduction
- Indicate whether you wish to receive an acknowledgment from designated groups. If you check "yes", print your name and complete address or web address.
- Sign and date to authorize name release.
- *Copies #1 & #2 of your pledge card should be submitted to your keyworker. Retain Copy #3 as your receipt.*